

Public Comment
Glyphosate Exposure Hearing

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Comment by:
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Good afternoon. My name is Janelle Lewis. I am a mother, a grandmother, a longtime credentialed teacher, and an advocate and activist for people with developmental disabilities – many of whom have been tragically impacted by environmental toxins (including pesticides).

Many thanks to all who have been involved with adding glyphosate to the CA State Proposition 65 Toxics List. When an NSRL (No Significant Risk Level) for glyphosate is established, that level must be zero. Exposure to glyphosate is not in isolation; it acts synergistically and cumulatively affecting different individuals very differently, and unpredictably, based on age, weight, genetic predisposition, previous toxic exposures, existing health conditions -- many, many factors. It is preposterous to say that there is any level of glyphosate exposure without significant risk for a newborn baby, for example. What is the risk level for someone who already suffers myriad health problems from severe toxic exposures? We do not know the risk levels for any one person at any given time in their lives.

For many years, I was a classroom teacher for children of migrant farm workers in Central California. Those children and their families intimately knew about the risks of glyphosate exposure - even though they were told that their exposure to glyphosate was perfectly safe. They knew enough not to eat, nor to let me eat, the crops that came from the fields in which they worked -- fields that were heavily sprayed with RoundUp. The parents told me stories about frequent miscarriages, about skin and eye lesions, about respiratory problems and vomiting,

and about cancers that resulted from working in the fields. They knew first-hand the cause of their health problems.

A recent UCLA study (summary attached) found that the advanced thyroid cancer rate in some California counties is well above the national average. The research suggested that there was an environmental component in explaining why the incidence of advanced-stage thyroid cancer is much higher in California than the national average. Dr. Avital Harari, a member of the UCLA Jonsson Comprehensive Cancer Center said, "California has the largest amount of farmland in the country, so this type of exposure could very well contribute to our cancer rates." The research continues in investigating the links between thyroid cancer and exposure to pesticides.

People deserve to know the risks associated with glyphosate exposure – whether they are working in agriculture, shopping at the grocery store, feeding a pet, or playing on a sports field. They deserve to know that there is no guaranteed safe amount of exposure. We all come with different accumulated toxic loads with differing synergies, different health profiles, different genetic make-ups, different ages. There is no safe allowable daily exposure to glyphosate for any of us.

Thank you.

HEALTH + BEHAVIOR

UCLA study finds advanced thyroid cancer rate some California counties is well above national average

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A team of UCLA researchers found that there are several parts of California where, in a high percentage of people with thyroid cancer, the disease is already at an advanced stage by the time it is diagnosed.

The research was led by Dr. Avital Harari, a member of the UCLA Jonsson Comprehensive Cancer Center and assistant professor of surgery.



UCLA Jonsson Comprehensive Cancer Center

Dr. Avital Harari

Approximately 63,000 people were diagnosed with thyroid cancer nationwide last year, and according to the National Cancer Institute, the incidence of thyroid cancer has increased across racial, ethnic and gender lines over the past several decades. When detected early, thyroid cancer is treatable and even curable. However, survival rates are much lower for people who are diagnosed at advanced stages of the disease.

The UCLA scientists examined county-by-county data from the California Cancer Registry for 27,000 people who had been diagnosed with thyroid cancer from 1999 to 2008. To ensure that they were comparing similar population sizes, the researchers grouped together some smaller counties for the analysis.

Nationally, about 29 percent of people with thyroid cancer have advanced-stage disease by the time it is diagnosed, according to data from the NCI's surveillance, epidemiology, and end results program, also known as SEER. Of the 47 geographical areas the UCLA researchers analyzed, 20 had significantly higher percentages than that, ranging from 33 percent (Orange County) to 51 percent (for

the combination of Alpine, Amador and Calaveras counties).

Overall, in 35 percent of Californians with thyroid cancer — 6 percentage points higher than the national average — the disease has reached the regional and/or distant metastatic stage, meaning that it has spread beyond the thyroid to other tissues in the neck, regional lymph nodes or other parts of the body, by the time it is diagnosed.

According to the UCLA findings, the California counties (or combined county groups) where people were most likely to have advanced thyroid cancer at the time of diagnosis were:

1. Alpine, Amador and Calaveras (combined): Disease was advanced in 51 percent of those with thyroid cancer
2. Imperial: 48 percent
3. Sutter: 45 percent
4. San Francisco: 41 percent
5. Santa Barbara: 40 percent

Southern California counties outside of the top five were San Bernardino, which ranked 12th (37 percent of people with thyroid cancer had advanced-stage disease), San Diego (13th, 36 percent), Los Angeles (14th, 35 percent), Fresno (17th, 34 percent), Ventura (18th, 34 percent) and Orange (20th, 33 percent).

The counties with the highest percentages of people with advanced cancer were not grouped together in any obvious geographic pattern, meaning that none of the larger regions within the state seem to have a higher risk for the disease than any other.

Harari said it is not clear why the incidence of advanced-stage thyroid cancer is that much higher in California than the national average, but her research suggests there might be an environmental component.

“California has the largest amount of farmland in the country, so this type of exposure could very well contribute to our thyroid cancer rates,” she said.

However, the only known environmental risk factor for thyroid cancer is radiation exposure, and that alone is unlikely to fully explain the phenomenon.

The next stage of Harari’s research will evaluate possible links between thyroid cancer and exposure to pesticides and radon.

The study was [published online](#) by the Journal of Surgical Research.

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Figure 31. Age-adjusted incidence (AAIR) rates of thyroid cancer, by year and sex, for Central Valley, California 1988-2004.

